



KOIKE et al.

**Application Number: 10/766,561**

**Filed: January 29, 2004**

**For: NETWORK DRAWING SYSTEM AND  
NETWORK DRAWING METHOD**

**Attorney Docket No. ASAM.0101**

**Art Unit 2161**

**Examiner**  
**Padmanabhan, Kavita**

**Commissioner of Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

## COVER LETTER

Sir:

**[x] The fee for submission of claims is calculated as shown below:**

| FOR   | TOTAL WITH<br>NEW CLAIMS<br>ADDED | TOTAL<br>CURRENTLY ON<br>FILE | CLAIMS<br>ALREADY<br>PAID | RATE    | CALCULATION |
|---|-----------------------------------|-------------------------------|---------------------------|---------|-------------|
| Total Claims  | 17                                | 17                            | XXX<br>(Over 20)          | x \$50  | 0           |
| Independent<br>Claims   | 2                                 | 2                             | XXX<br>(Over 3)           | x \$210 | 0           |
| MULTIPLE<br>DEPENDENT<br>CLAIM(S)   |                                   |                               |                           | + \$370 | 0           |
| REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). |                                   |                               |                           | x ½     |             |
|   |                                   |                               | TOTAL                     |         | 0.00        |

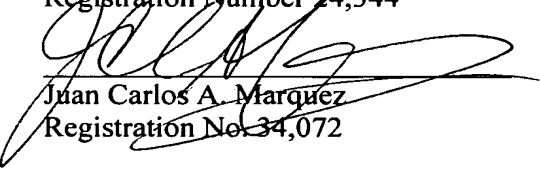
In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

- ☒ [ x ] Response to Office Action (with claim amendments)  
☐ [ ] Substitute Specification  
☐ [ ] Preliminary Amendment  
☐ [ ] Information Disclosure Statement w/PTO Form 1449 & refs.
- ☒ [ x ] Petition for Extension of Time (1 month)  
☐ [ ] Terminal Disclaimer  
☐ [ ] Letter to Draftsperson w/\_\_\_ sheets of replacement drawings  
☐ [ ] Other \_\_\_\_\_

- 4
- [ ] Please charge my **Deposit Account Number** \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for \_\_\_\_\_. A duplicate copy of this paper is enclosed.
- [ x ] A check in the amount of **\$120.00** to cover the one-month extension fee is enclosed.
- [ x ] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

\_\_\_\_\_  
Stanley P. Fisher  
Registration Number 24,344

  
Juan Carlos A. Marquez  
Registration No. 34,072

**REED SMITH LLP**  
3110 Fairview Park Drive  
Suite 1400  
Falls Church, Virginia 22042  
(703) 641-4200  
**September 2, 2008**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In re U.S. Patent Application of**

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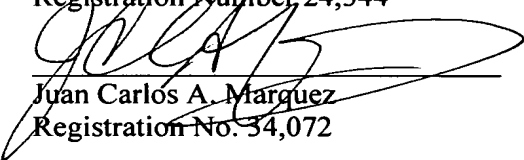
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